

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09800713 FILING DATE 3-06-09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	13		↓		↓	↓
TOTAL DEP.	37	↔	↔	↔	↔	↔
TOTAL CLAIMS	50	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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